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CONFIRMATION NO. 1407

|  |   |                         |  |                                   |
|--|---|-------------------------|--|-----------------------------------|
| SERIAL NUMBER<br>10/800,987  | FILING DATE<br>03/15/2004<br><br>RULE   | CLASS<br>062            | GROUP ART UNIT<br>3744   | ATTORNEY<br>DOCKET NO.<br>ONT-101 |
| <b>APPLICANTS</b><br><br>James A. Scudder, Poway, CA;<br><br>David C. Boucher, San Diego, CA;<br>Peter J. Kapitzke, Poway, CA; Kenneth M. Sanderman, Lakeside, CA;   |   |                         |  |                                   |
| <b>** CONTINUING DATA *****</b><br><br><b>** FOREIGN APPLICATIONS *****</b>  |   |                         |  |                                   |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 05/31/2004</b>   |   |                         |  |                                   |
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>Verified and Acknowledged<br>Examiner's Signature: <u>Allowance</u> Initials: <u>LS</u> | STATE OR<br>COUNTRY<br>CA   | SHEETS<br>DRAWING<br>14 | TOTAL<br>CLAIMS<br>25  | INDEPENDENT<br>CLAIMS<br>5        |
| <b>ADDRESS</b><br>23410<br>COHEN SAKAGUCHI & ENGLISH LLP<br>2040 MAIN STREET, 9TH FLOOR<br>IRVINE , CA<br>92614  |   |                         |  |                                   |
| <b>TITLE</b><br>Container with integral module for heating or cooling the contents   |   |                         |  |                                   |
| FILING FEE<br><br>RECEIVED<br>1032   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                         | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue ) |                                   |

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|  | <input type="checkbox"/> Other _____ |
|  | <input type="checkbox"/> Credit      |